

Check ID#: 310136
Document#: 18556
Org/Place/Person: 41005
Revenue ID#: 172522

Please fill out
FORM 1
GENERAL

SECTION AGENCY
FORMATION
mits Program
ons" before starting)

I. EPA I.D. NUMBER
02459552

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

02459552

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Is this a facility which does not discharge process wastewater ? (FORM 2E)		X		F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)		X	
G. Do you generate sewage sludge that is ultimately regulated by Part 503? Do you generate sewage sludge that is sent to another facility for treatment or blending? Do you process or derive material from sewage sludge that is disposed in a manner subject to Part 503? (FORM 2S)		X					

III. NAME OF FACILITY
AMERICAN ENERGY CORPORATION

IV. FACILITY CONTACT
A. NAME & TITLE (last, first, title)
BLUMLING, FRED, ENVIRONMENTAL ENGINEER
B. PHONE (area code & no.)
(740) 926 - 9152

V. FACILITY MAILING ADDRESS
A. STREET OR P.O. BOX
43521 MAYHUGH HILL RD., TWP HWY. 88
B. CITY OR TOWN
BEALLSVILLE
C. STATE
OH
D. ZIP CODE
43716

VI. FACILITY LOCATION
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
43521 MAYHUGH HILL RD., TWP HWY. 88
B. COUNTY NAME
BELMONT
C. CITY OR TOWN
BEALLSVILLE
D. STATE
OH
E. ZIP CODE
43716
F. COUNTY CODE
(if known)

RECEIVED


JUL 09 2007

Ohio Environmental Protection Agency Southeast District

Amount 200.07 Date 12/6/04
14871 Date 11/17/04

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
(specify)	1222	(specify)	
C. THIRD		D. FOURTH	
(specify)		(specify)	
VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
American Energy Corporation			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)			D. PHONE (area code & no.)
F = FEDERAL _____ M = PUBLIC (other than federal or state) _____ S = STATE _____ O = OTHER (specify) _____ P = PRIVATE _____			(740) 926 - 9152
E. STREET OR P.O. BOX			
43521 Mayhugh Hill Road, Twp. Rd. 88			
F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Beallsville	OH	43716	Is this facility located on Indian lands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to surface water)		D. PSD (Air emissions from proposed sources)	
OIL00091*GD			
B. UIC (Underground injection of fluids)		E. OTHER (specify)	
		OGR00014 (specify) Industrial General Stormwater	
C. RCRA (Hazardous waste)		F. OTHER (specify)	
		(specify)	
XI. MAP			
Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.			
XII. NATURE OF BUSINESS (provide a brief description)			
Active underground coal mining surface facilities			
XIII. CERTIFICATION (see instructions)			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE	C. DATE SIGNED
James R. Turner, Treasurer			7/3/07
COMMENTS FOR OFFICIAL USE ONLY			